

CLAIMS ONLY	Application Number <div style="font-size: 1.2em; font-family: cursive;">10690668</div>	Filing Date
Applicant(s) 		

* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51
2		/					52
3		/					53
4		/					54
5		/					55
6		/					56
7		/					57
8		/					58
9		/					59
10		/					60
11		/					61
12	/						62
13		/					63
14		/					64
15		/					65
16		/					66
17		/					67
18		/					68
19	/						69
20		/					70
21		/					71
22		/					72
23							73
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28							78
29							79
30							80
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32							82
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36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
Total Indep	3						Total Indep
Total Depend	19						Total Depend
Total Claims	22						Total Claims